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**\*BIBDATASHEET\***

CONFIRMATION NO. 8816

Bib Data Sheet

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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 10/236,221 09/05/2002  
 which is a CON of 09/360,020 07/23/1999 PAT 6,545,034

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 04/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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35 USC 119 (a-d) conditions met  
☐ yes ☒ no ☐ Met after  
 Allowance

Verified and  
 Acknowledged

Examiner's Signature *[Signature]* Initials *[Initials]*

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TITLE  
 Use of etodolac for the treatment of chronic lymphocytic leukemia

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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